

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 11-NOV-2016		14. TIME 04:25:00		2. ADDRESS OF INCIDENT 1333 N CLEVELAND ST CHICAGO, IL		1. LOCATION CODE 289		2. DISPATCH 0000		3. VIDEO RECORDED INCIDENT 11 BWS <input type="checkbox"/> 12 IN-CAR CAMERA <input type="checkbox"/> 13 OTHER REPT VIDEO <input type="checkbox"/>																																																																									
MEMBER INVOLVED	6. POSITION 9164		7. LAST NAME COSENTINO		1. FIRST NAME MICHAEL J		10. STAR NO. 4487		11. RACE CODE <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F WHI		12. AGE 601		14. WT. 240																																																																						
	15. DATE OF APPT. 08-JUL-1996		16. CMT CYCLE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 018 1813R		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																								
	21. LAST NAME JONES		22. FIRST NAME PIERRE		23. MI. [REDACTED]		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. 23-NOV-1983		27. HT. 604		28. WT. 180																																																																				
SUBJECT INFORMATION	29. ADDRESS 1444 N CLYBOURN AVE CHICAGO, IL 60610				30. TELEPHONE NO. [REDACTED]				31. WAS SUBJECT ARMED? BLUNT INSTRUMENT <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																		
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER																																																																														
	36. BY WHOM? DR ORTEGA				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Required Medical Aid																																																																														
38. CHARGES PLACED PLEASE SEE NEXT PAGE												39. CB NO. 19398499		IR NO. [REDACTED]		DNA <input type="checkbox"/>																																																																			
REASON FOR USE OF FORCE (Check all that apply)	40. PASSIVE RESISTER														41. ACTIVE RESISTER														42. ASSAULT: ASSAULT														43. ASSAULT: BATTERY														44. ASSAULT: DEADLY FORCE																										
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>														FLED <input type="checkbox"/>														IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>														ATTACK WITH WEAPON <input type="checkbox"/>														USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																										
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>														PULLED AWAY <input checked="" type="checkbox"/>														OTHER <input type="checkbox"/>														ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>														WEAPON <input type="checkbox"/>																										
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>														OPEN HAND STRIKE <input type="checkbox"/>														ELBOW STRIKE <input type="checkbox"/>														KNEE STRIKE <input type="checkbox"/>														FIREARM <input type="checkbox"/>																										
	VERBAL COMMANDS <input checked="" type="checkbox"/>														TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>														CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>														KICKS <input type="checkbox"/>														OTHER <input type="checkbox"/>																										
	ESCORT HOLDS <input checked="" type="checkbox"/>														OC CHEMICAL WEAPON <input type="checkbox"/>														IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>														IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>														OTHER <input type="checkbox"/>																										
WHISTLOCK <input type="checkbox"/>														CANINE <input type="checkbox"/>														TASER (Probe Discharge) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (ARC Cycle) <input type="checkbox"/>														TASER (Spark Displayed) <input type="checkbox"/>													
ARMBAR <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
PRESSURE SENSITIVE AREAS <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
CONTROL INSTRUMENT <input checked="" type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
LEAD WITH AUTHORIZATION <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
OTHER <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>														TASER (Contact Shot) <input type="checkbox"/>													
WEAPON DISCHARGE INCIDENT	45. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)														RANK														STAR NO.														UNIT NO.														46. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																										
	47. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														48. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														49. DID THE DISCHARGE RESULT IN A SELF INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																						
	45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER														47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors														48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial														49. WEATHER CONDITIONS CLEAR																																								
50. MAKE/MANUFACTURER														51. MODEL														52. BARREL LENGTH														53. CALIBER/GAUGE																																									
54. TASER DART ID NO.														55. WEAPON SERIAL No. (Include Letters)														56. CHICAGO GUN REG. NO.														57. IL FIREARM OWNER ID NO.														58. HANDGUN CERTIFICATE NO.																											
59. SPECIAL WEAPON CERTIFICATE NO.														60. PROPERTY INVENTORY NO.														61. TYPE OF AMMUNITION USED														62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 0														63. TOTAL NO. OF SHOTS MEMBER FIRED																											
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)														65. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														66. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED														67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																																									
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)														69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD														70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																							
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)														72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT														73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION																																																							
74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 OTHER (SPECIFY)														75. EVENT NO. 1631601759														76. RD. NO. H2510861																																																							

Attachment # **11**

CASE INFORMATION	11 NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR. <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAQ, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. 16. ADDITIONAL INFORMATION			1631601759 16. RPT. NO.
	17. REPORTING MEMBER (Print Name) COSENTINO, MICHAEL J 11-NOV-2016 10:15:01			17. RPT. NO. HZ510861
SIGNATURES	18. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A 2075			18. RPT. NO. HZ510861
	19. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A 2075			19. RPT. NO. HZ510861

SUBJECT
INFORMATION

NO CHANGES PLACED

1 3 1/2

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was taken directly to IL Masonic Hospital. Unable to interview.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Consentino held the offender's legs to stop him from kicking and also pulled the offender's hood over his face to stop him from spitting. The R/Lt has determined that this incident requires further review.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082952 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION. TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Signature]

DATE COMPLETED TIME

11-NOV-2016 12:05:56